

Whitman-Walker Health (WWH): Making Proud Choices (MPC) and Being a Responsible Teen (BART)

What is the community challenge?

The major focus of this project was to impact the knowledge, attitudes, and behaviors related to sexual health of middle-school and high-school students in DC Charter Schools via the implementation of evidenced-based sexual health education curricula. About 20 percent of the middle school students and almost half of the high school students included in this study reported that they have had sex, underscoring the need for this intervention. Some also reported additional risky behaviors, such as more than one partner, inconsistent birth control, and/or having used alcohol or drugs the last time they had sex.

Program At-a-Glance

CNCS Program: Social Innovation Fund

Intervention: Making Proud Choices (MPC) and Being a Responsible Teen (BART)

Subgrantee: Whitman-Walker Health (WWH)

Intermediary: Venture Philanthropy Partners (VPP)

Focus Area: Healthy Futures

Focus Population: Middle school and high school students

Community Served: Washington DC Charter Schools

What is the promising solution?

Making Proud Choices (MPC) provides comprehensive education around HIV, sexually transmitted infections, pregnancy, and substance abuse prevention. Its modules focus on goals and future plans, adolescent sexuality, and building knowledge and skills to prevent substance abuse and sexual risk-taking. Becoming A Responsible Teen (BART) is an HIV-prevention program that was designed for African American high school students. Like MPC, the program combines HIV education with behavior skills training related to prevention of sexually transmitted infections, pregnancy, and substance abuse. Both programs consist of eight modules delivered once a week over eight weeks during a designated class period of the school day.

What was the purpose of evaluation?

The evaluation of Whitman-Walker Health (WWH)'s MPC and BART programs by Shattuck and Associates began in the 2011-12 school year and finished reporting in the 2016-17 school year. The evaluation included both implementation and outcome components. The implementation evaluation focused on program delivery and fidelity as well as student and teacher engagement and satisfaction. A single-group pre/post-test design was used for the outcome study. Analyses compared pre-test to post-test changes in knowledge, attitudes, self-efficacy, and intentions related to sexual health, using linear mixed models to control for clustering within schools. Subgroup analyses were also conducted to determine differential effects by subgroup. There is existing strong evidence for both the MPC and BART interventions, and while a comparison group would provide additional strong evidence of program effectiveness, an experimental or quasi-experimental design was not seen as feasible, and the evaluation targeted a preliminary level of evidence.

What did the evaluation find?

As a subgrantee of SIF, WWH engaged an independent evaluator to evaluate the MPC and BART programs. Due to the existing strong level of evidence for the interventions, implementation was a major focus of the evaluation, in addition to the single-group pre/post-test outcome evaluation.

Key findings included:

- A total of 59 MPC and 39 BART cohorts were implemented in 23 DC Charter Schools over the grant period. The programs were largely implemented with fidelity, although modifications were reported for the programs, particularly for BART.
- Program facilitators rated students as engaged, grasping program objectives, and able to complete program activities “most of the time.”
- Students were generally satisfied with the program and “agreed” or “strongly agreed” that they planned to use something they learned in the program to make healthy decisions.
- Matched pre-post data was available for 749 MPC students. MPC students showed significant positive increases in all six measured outcomes: Knowledge, Attitudes about Unprotected Sex, Attitudes about Condoms, Condom Self-Efficacy, Risky Behavior Refusal Self-efficacy, and Intentions.
- Matched pre-post data was available for 329 BART students. BART students showed a significant positive increase in three of six outcomes: Knowledge, Condom Self-Efficacy, and Risky Behavior Refusal Self-Efficacy.

Notes on the evaluation

Some of the intended implementation and outcome research questions were not assessed by this evaluation. An implementation research question pertaining to the peer educator program was not examined because this program did not take place. For outcomes monitoring, although the original conception of the intervention also included an aim to build teacher and school capacity to teach sexual health education and support access to information and resources around sexual and reproductive health, this aim was never fully realized. Therefore, although student outcomes were assessed in the evaluation, these broader outcomes related to sex educator professional development and the program’s place in the wider community were not assessed.

How is WWH using the evaluation findings to improve?

In Years 1-4, staff focus groups were conducted with program staff to examine what was working well and how program implementation could be improved.

1. The curricula could be improved by refreshing role-play scenarios, including more multicultural and LGBTQ students, adding information on bullying and social media, and building in additional time for questions and answers.
2. For scaling up program delivery in charter schools, begin activities related to school recruitment, engagement, and relationship-building early in the summer to have an MOU in place for the fall/school year.
3. To improve evaluation, have staff assigned to oversee activities, provide adequate training to staff, provide clear protocols and accountability for data collection and management, and explore alternatives to manual data entry, such as scannable surveys.

Evaluation At-a-Glance

Evaluation Design: Single group pre/post-test study

Study Population: Middle school and high school students in Washington, DC charter schools.

Independent Evaluator: Shattuck and Associates

This Evaluation’s Level of Evidence*: Preliminary

*SIF and AmeriCorps currently use different definitions of levels of evidence.

The content of this brief was drawn from the full evaluation report submitted to CNCS by the grantee/subgrantee. The section of the brief that discusses evaluation use includes contribution of the grantee/subgrantee. All original content from the report is attributable to its authors. **To access the full evaluation report and learn more about CNCS, please visit <http://www.nationalservice.gov/research>.**

The Social Innovation Fund (SIF), a program of the Corporation for National and Community Service (CNCS), combines public and private resources to grow the impact of innovative, community-based solutions that have compelling evidence of improving the lives of people in low-income communities throughout the U.S. The SIF invests in three priority areas: economic opportunity, healthy futures, and youth development.